



# Chester County Intermediate Unit

CAROLYN MULLER, SUPERVISOR 484-237-5107

Forward referral and related material to Jenny DeVitis, at [JennyD@cciu.org](mailto:JennyD@cciu.org) or CCIU, 455 Boot Road, Downingtown, PA 19335

## AUDIOLOGY SERVICES REFERRAL

Student:	Referred By:
Birth Date:	Grade:
District:	School:
District Contact:	Phone: Email:
Parent Contact:	Phone: Email:

### AUDIOLOGY SERVICES: Check Box of REQUESTED SERVICE and ATTACH Documents to Referral

SERVICE	PURPOSE	SERVICE SUMMARY	Required IDEA Documentation
<input type="checkbox"/> Hearing Screening Check Box if Requested	To assist in the completion of required school screenings.	Hearing screening for students with complex needs requiring specialized skill of audiologist to complete the required screening. Results will be provided to the nurse for further action (if applicable). ALL AGES	N/A
<input type="checkbox"/> Hearing Test Check Box if Requested	To determine if a hearing loss is present.	Determine if a hearing loss is present and/or to gain information on the type and severity of the loss, educational implications and appropriate medical referrals (if applicable). ALL AGES	PTE/PTR or IEP indicated
<input type="checkbox"/> Hearing Equipment Check Box if Requested	To ensure the student has the required technology.	To identify, repair, replace student's equipment (hearing aid, FM systems, ear molds, etc.). ALL AGES.	IEP
<input type="checkbox"/> FM Trials Check Box if Requested	To determine if an FM System is needed for students with hearing loss or other listening difficulties.	Observation of student in current educational setting, train educational staff to set up and use FM system, data collection and analysis of impact. ALL AGES	IEP or 504 evaluation
<input type="checkbox"/> Central Auditor Processing (CAP) Evaluation Check Box if Requested	To determine if a hearing loss is present and/or if a student is having difficulty discriminating or interpreting sounds in different listening environments.	Observation of student in current educational setting are provided prior to assessment to determine if a student is a candidate for a CAP evaluation. CAP evaluations are performed by an audiologist in the soundproof booth located at the CCIU. The presence or absence of a CAP is determined. Educational implications are identified and recommendations are provided where appropriate.  STUDENT MUST BE 7 YEARS OF AGE.	PTE/PTR or IEP indicated

Other: \_\_\_\_\_

District Special Education Admin. Signature: \_\_\_\_\_

Date: \_\_\_\_\_